



Division for Recreation 2016 **Kamp Parker** Registration Form

(Form must be filled out completely and signed by parent/guardian)

Ages 8-12

Parker Memorial Community Center **Kamp Parker** Program

Program dates: June 27 - August 12, 2016 (8:30- 9:00 breakfast) 8:30am-3:30pm

(Monday, July 4, Holiday...No program)



First Name: _____ Last Name: _____ Age: _____

Address: _____ Zip Code: _____

Birth Date: _____ School: _____ Grade completed in June: _____

Home phone: _____ Work phone: _____ E-Mail: _____

Incase of emergency if you cannot be reached, whom should we contact?

Name: _____ Phone #'s: _____

Can your child be released to this person in case of emergency or illness? ☐ Yes ☐ No

Has your child attended **Kamp Parker** before? ☐ Yes, when? _____ ☐ No

Will your child walk to and from the program on his/her own each day? ☐ Yes ☐ No

Does the child have health insurance? ☐ Yes ☐ No Name of insurance: _____

Name of insured person: _____ Insurance #: _____

Your child's Medicaid number: _____

Are you in a Medicaid managed care plan? ☐ No ☐ yes, name of provider: _____

Name of pediatrician/Pediatric clinic: _____

Health History

(Check if "yes")

☐ Chicken pox ☐ Measles

☐ German measles ☐ Mumps

☐ Whooping Cough

☐ Other, _____

Date of last tetanus booster: _____

Date of last physical exam: _____

Allergies

(Check if "yes")

☐ Hay Fever ☐ Insect Sting

☐ Asthma ☐ Ivy, Oak etc

☐ Medicine, _____

☐ Foods, _____

☐ other, _____

Chronic Illness

(Check if "yes")

☐ Earaches ☐ Sinus

☐ Throat Problems

☐ Infections ☐ Diabetes

☐ Epilepsy

☐ other, _____

Does your child have any medical problems we should be aware of? ☐ No ☐ Yes, _____

Does your child have to take daily medications? ☐ No ☐ Yes, _____

Does your child wear glasses or contact lenses? ☐ Yes ☐ No

Are there any issues, situations, or special concerns that the staff should be aware of? ☐ No ☐ Yes, Please explain: _____

I hereby request that my child be enrolled in the City's **Kamp Parker** Program. I give my permission for my child to participate in all **Kamp Parker** activities, which may include supervised trips. I understand that the City is responsible for my child while attending the program. I am (Parent/guardian) responsible for providing transportation or making arrangements to get my child to the **Kamp Parker** in the morning and picking up immediately after **Kamp Parker** is over in the afternoon.

If I can not be reached in a medical or dental emergency involving the child listed above, I hereby give permission to any medical, dental personnel selected by the program director to hospitalize and/or secure or provide treatment for that child, including injections, surgery, and all procedures that the selected medical or dental personnel deem necessary or appropriate to treat the emergency condition.

I hereby agree that all photographs, videos, negatives, prints, paintings, drawings, sketches, reproductions, and likenesses of any kind made by my child are and shall remain the property of the City's **Kamp Parker**, its successors, and assigns. I give my irrevocable consent that said works, or any part thereof, may be published, displayed, reproduced, and circulated in any form by the City's **Kamp Parker**, with or without the child's name, for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising display.

I understand that slots are filled on a first come first served basis. Program dates, and schedules are subject to change.

Parent/Guardian: _____

Signature

Print Name

Date

Please return this form by Friday, June 3, 2016 to Parker Center, M-F between the hours of 10am-6pm or Mail to Kamp Parker, Department of Families, Children, Youth and **Recreation**, Division for Recreation, 550 Main Street, Room 305, Hartford, CT 06103./Fax 722-6001

For questions or more information, please call (860)757-4880.